Reg. Dist. No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

State File No.
Registrar's No.

1. PLACE OF BIRTH
(a) County: Lewis Co.
(b) City or town: Toledo (If outside city or town limits write RURAL)
(c) Name of hospital or institution
(d) Mother's stay before delivery (If not in hospital or institution give street number or location): In hospital or institution / In this community (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER
(a) State: Wash.
(b) County: Lewis
(c) City or town: Toledo, (If outside city or town limits write RURAL)
(d) Street No. (If rural give location)

3. Full name of child: Verna Louise Paulsen
4. Date of birth (Month) (Day) (Year): July 28 1913
5. Sex: F.
6. Twin or triplet
If so—born 1st, 2d, or 3d
7. Number months of pregnancy
8. Is mother married? yes

FATHER OF CHILD
9. Full name: Edward J. Paulsen
10. Color or race: W.
11. Age at time of this birth: 28 yrs.
12. Birthplace (City, town, or county) (State or foreign country): Minnesota
13. (a) Usual occupation: Farmer
(b) Industry or business
14. Residence: Toledo, Wash.
22. Mother's mailing address for registration notice:

MOTHER OF CHILD
15. Full maiden name: Verona Washington
16. Color or race: W
17. Age at time of this birth: 18 yrs.
18. Birthplace (City, town, or county) (State or foreign country): Waynesville, N. Carolina
19. Usual occupation: Housewife
20. Industry or business: Toledo Wash
21. Children born to this mother:
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

23. I hereby certify that I attended the birth of this child who was born alive (stillborn) at the hour of 1:30 a. m. on the date above stated and that the information given was furnished by Mrs. J. Paulsen, related to this child as Mother.
24. Date received by local registrar: Feb 4 1942
25. Registrar's own signature: [illegible] B. Rhodes
26. Date on which given name added: by (Registrar)

Attendant's own signature: F. J. Hackney
M. D., midwife, or other: Date signed 1-30-42
Address: Centralia Wash.

THIS IS TO CERTIFY, That the foregoing is a true copy (photographic) of a record on file in the Division of Vital Statistics, Washington State Department of Health, Seattle, Washington.

Francis B. Rhodes
State Registrar

By Sally B. Wold

Seattle, Wash., Feb. 13, 1942